

MULTIPLE D. ~~ADDED~~ NT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/		
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TOTAL	IND.		2			
TOTAL	DEP.		16			
TOTAL CLAIMS						

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TOTAL CLAIMS				